

111928

WATER WELL REPORT

STATE OF WASHINGTON

Notice of Intent W156053

UNIQUE WELL ID # ACY 394

Water Right Permit No 31-2E-14J

(1) OWNER: Name Sun Mountain Const. Address 643 Pathfinder Lane Camano Is.

(2) LOCATION OF WELL: County Island NE 1/4 SE 1/4 Sec 14 T 31 N R 2E WM

(2a) STREET ADDRESS OF WELL: (or nearest address) Kodiak Ave Camano Is 98282

TAX PARCEL NO. R23 114-242-3000

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal
☐ Irrigation ☐ Test Well ☐ Other
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 9
☒ New Well Method ☐ Dug ☐ Bored
☐ Deepened ☐ Cable ☐ Driven
☐ Reconditioned ☒ Rotary ☐ Jetted
☐ Decommission

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 300 feet. Depth of completed well 300 ft

(6) CONSTRUCTION DETAILS

Casing Installed:

☐ Welded 6 " Diam from 16.5 ft to 18.5 ft
☒ Liner installed 4 " Diam from 10 ft to 270 ft
☐ Threaded " Diam from " ft to " ft

Perforations: ☐ Yes ☒ No

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft to _____ ft

Screens:

☒ Yes ☐ No ☐ K-Pac Location _____

Manufacturer's Name Western
Type PVC Model No _____
Diam 4 Slot Size 15-270 from 270 ft to 300 ft
Diam _____ Slot Size _____ from _____ ft to _____ ft

Gravel/Filter packed: ☒ Yes ☐ No ☐ Size of gravel/sand 8 1/2 sand
Material placed from 175 ft to 300 ft

Surface seal: ☒ Yes ☐ No To what depth? 18.5 ft
Material used in seal Bentonite
Did any strata contain unusable water? ☐ Yes ☐ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Goulds
Type Submersible H.P. 5

(8) WATER LEVELS: Land surface elevation above mean sea level _____ ft
Static level 185 ft. below top of well Date 9/20/01
Artesian pressure _____ lbs per square inch Date _____
Artesian water is controlled by _____
(Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? ☒ Yes ☐ No If yes, by whom? TOOD Johnson
Yield 42 gal/min with 5 ft drawdown after 4 hrs
Yield _____ gal/min with _____ ft drawdown after _____ hrs
Yield _____ gal/min with _____ ft drawdown after _____ hrs
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time _____ Water Level _____ Time _____ Water Level _____
Full recovery in one min.
Date of test _____
Bailer test 10+ gal/min with 0 ft drawdown after 2 hrs
Airtest _____ gal/min. with _____ ft drawdown after _____ hrs
Artesian flow _____ g p m Date _____
Temperature of water _____ Was a chemical analysis made? ☐ Yes ☒ No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION
Formation Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered

MATERIAL	FROM	TO
Top soil	0	2
Boulders	2	10
Brown fill	10	60
Brown clay	60	75
Blue clay	75	85
Blue fill	85	135
Green clay	135	140
Blue fill	140	220
course blue fill	220	275
Blue sand	275	300
"water"		

This well is in
compliance with Is. county code
8.09

RECEIVED

APR 18 2002

DEPT OF ECOLOGY

Work Started 9/16/01 Completed 9/22/01

WELL CONSTRUCTION CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief

Type or Print Name TOOD Johnson License No 2382
(Licensed Driller/Engineer)

Trainee Name _____ License No _____

Drilling Company NORTH Sound Drilling

(Signed) TJH License No 2382
(Licensed Driller/Engineer)

Address 139 N Gilbertson Rd Camano Is

Contractor's
Registration No NORTHSD0330 Date 10/03/01

(USE ADDITIONAL SHEETS IF NECESSARY)